

CHILDREN'S ADMINISTRATION

FOSTER FAMILY ASSESSMENT

FAMILY NAME:				DATE OF INTERVIEW(S):
ADDRESS:	CITY:	STATE:	ZIP:	INTERVIEWER:
ABBITESS.		OI/(IL.	2	II VI LI VILIVEI V.
TELEPHONE NUMBER:		MESSAGI	E NUMBER:	
REASONS FOR APPLYING TO PROVIDE FOST	ED CADE.	<u> </u>		
REASONS FOR APPLYING TO PROVIDE FOST	ER CARE.			
SECTION A: THE FAMILY				
1) EMPLOYMENT HISTORY:				
2) LEVEL OF EDUCATION: (include training ap	policable to child care)			
	phodele to orma care)			
3) EXPERIENCE WITH CHILDREN (Other than p	parenting):			

DSHS 10-051(X) (REV 08/1988) (AC 01/2002)

OLOTION A. THE TAIMET (Continued)	
SECTION A: THE FAMILY (Continued) 4) FAMILY HISTORY: (Foster parent(s) (include history/treatment of abuse and ethnic identification if relevant for placement)	
5) MARITAL HISTORY: (Include previous marriages)	
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SECTION A: THE FAMILY (Continued)		
6) PERSONAL CHARACTERISTICS/WORKER'S IMPRESSIONS:		
T) ADDI IO ANTOLOU III DDEN		
7) APPLICANTS' CHILDREN:		
0) OT IEDO III/INO IN LIONE		
8) OTHERS LIVING IN HOME:		
O FAMILY/MEDION LUGTODY		
9) FAMILY MEDICAL HISTORY:		
a) General:		
b) Has any family member been involved in counseling?		
b) has any family member been involved in counseling:		
c) Use of alcohol/other drugs:		
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SECTION A: THE FAMILY (Continued)			
10) EXPERIENCE/INVOLVEMENT WITH OTHER CHILDREN:			
11) DISIPLINE:			
a) How applicant was disciplined as a child:			
b) Current practices:			
b) Guiterit practices.			
12) RELIGIOUS AFFILLIATION/PRACTICES:			
13) OBSERVATIONS OF FAMILY AS A UNIT:			
a) Partner relationships:			
b) Problem solving:			
b) 1 Tobicin Conning.			
c) Money: (how are financial decisions made?)			
d) Family Activities:			
e) Interaction with own children:			
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SECTION B: ATTITUDE TOWARD FOSTER CARE				
1) DESCRIBE APPLICANT'S UNDERSTANDING OF DIFFERENCE IN NEEDS OF FOSTER CHILDREN AS COMPARED TO OTHER CHILDREN:				
2) WHAT KIND OF INVOLVEMENT IS FOSTER FAMILY WILLING TO HAVE WITH CHILD'S LEGAL FAMILY:				
3) TYPE OF CHILD PREFERRED:				
3) THE OF GRIED FREE ENGLE.				
4) TYPE OF CHILD FAMILY WOULD HAVE DIFFICULTY ACCEPTING/HELPING:				
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SECTION C: HOME AND NEIGHBORHOOD
1) DESCRIPTION OF HOME AND NEIGHBORHOOD: (Type of dwelling, general condition)
2) DESCRIPTION OF PLAY AREAS: (indoor and outdoor)
3. ANIMALS:
4) NUMBER OF BEDROOMS NUMBER OF BATHS OTHER ROOMS
5) DESCRIPTION OF BEDROOM/SLEEPING ARRANGEMENTS:
6) FOOD/MENU-PLANNING:

SECTION D: SUMMARY OF REFERENCE	ES	
SECTION E: EVALUATION OF FAMILY	(Including strengths, limitations and recomi	mendations for placement)
WORKER'S SIGNATURE/TITLE:	UNIT:	DATE OF COMPLETION: